

From: dafeinberg@home.com
To: "HIPAAlive Discussion List" <hipaalive@lists.hipaalert.com>
Date: 11/29/00 2:02PM
Subject: [hipaalive] Re:Transaction Questions

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Hi Wayne,

I've <<embedded>> mostly brief responses immediately following each of your questions below. I hope they help.

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----- Original Message -----

From: "Opalk, Wayne" <Wayne.Opalk@uhhs.com>
To: "HIPAAlive Discussion List" <hipaalive@lists.hipaalert.com>
Sent: Tuesday, November 28, 2000 1:30 PM
Subject: [hipaalive] Re:Transaction Questions

The current discussion exchanges, on the subject of transactions, have led me to submit my first question to the list for some clarification help. We have a covered health plan within our healthcare system that has heavily customized their current electronic transaction formats. My limited understanding is that they are using their own customized transactions in place of ANSI standard formats, or, at the very minimum they have greatly modified ANSI standard formats for their own purposes. The covered entities within the healthcare system are or will be using ANSI EDI formats for processing their transactions. My request for clarification centers around what options (and considerations) the plan has concerning the continued use/non-use of its customized transactions in a HIPAA environment. My understanding of HIPAA is:

1. If they want to continue using customized formats, the plan would have to contract with a clearinghouse to convert standard transactions (providers) to non-standard transactions (their customized formats) for two-way processing.
<<You're on the right track. Note that any conversions would also have to account for HIPAA-specified data content and code sets as well as format.>>
2. If the plan decides not to use a clearinghouse for processing, it will have to accept standard transactions from the providers and begin using non-customized ANSI ASC X12 formats.

<<As above, you're on the right track. Further note that use of ASC X12 formats is necessary but not sufficient. Compliance with the X12N Implementation Guides -- which rely on X12 formats -- is what is actually mandated. Should you also be processing retail pharmacy transactions, then the NCPDP standards also apply.>>

Or can the plan make or request changes? I thought that I had read somewhere where organizations can request modifications (pre-HIPAA?) to ANSI ASC, but only through normal EDI industry change practices and procedures.

<<Anybody can request changes to the HIPAA transactions; however they may only be implemented when (a) promulgated in another Federal Regulation or (b) approved by the Secretary of DHHS as an "exemption ... to permit testing of proposed modifications." {45 CFR 162.940}

<<In discussions with DHHS personnel subsequent to the August 17 publication of the Transactions and Code Sets final rule, they have been quite specific that no changes to either the rule itself nor the Implementation Guides included in the rule by reference may be made without going through the regulatory publication process via the Federal Register. As an example, note their Federal Register publication of technical corrections last Friday, 24 November.

<<While the HIPAA legislation permits changes to transactions and code sets no more frequently than annually, the Secretary of DHHS has, in the Transactions and Code Sets final rule, reserved the authority to make modifications "at any time during the first year after the standard or implementation specification is initially adopted." {45 CFR 160.104}

<<Processing of change requests for HIPAA transactions and code sets is controlled by the 31 March 2000 "Memorandum of Understanding Among the Organizations Designated to Manage the Maintenance of the Electronic Data Interchange Standards Adopted Under the Health Insurance Portability and Accountability Act of 1996"; usually referred to by those of us working with it simply as 'The MOU'. At this moment, processes called-for in the MOU are in the final stages of being established to support change requests. To start with, you can learn more about the top-level change request process at the official web site set-up to accept these requests: www.hipaa-dsmo.org. This site is open to one and all. Alternatively, you may go directly to any of the Designated Standards Maintenance Organizations (DSMO) and work with them to define desired changes; although, they will also use the change request web site to process bundled groups of modifications which result from their industry driven work.>>

Any help with my HIPAA rule interpretation and assumptions, financial and project considerations, use of BPAs/COTs, opinions etc. is appreciated.

<<I figure the above is enough for now. Contact me again should you wish further information I may possess.>>

Thanks.

<<You're welcome.>>

Wayne Opalk
HIPAA Project Manager
wayne.opalk@uhhs.com

<<DAF>>

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